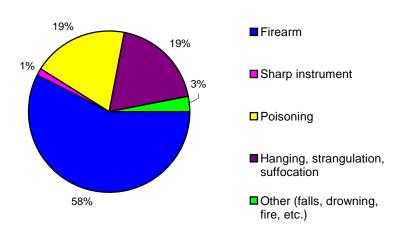


Suicide by Poisoning

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded state-wide surveillance system that collects detailed information on deaths. resulting from violence: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths for which intent could not be determined. NC-VDRS is a multisource system that gathers information from death certificates, medical examiner reports, and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. NC-VDRS began collecting data in January, 2004. This document summarizes suicides among N.C. residents 10 years of age and older caused by poisoning for the year 2008.

Figure 1: Suicide by Method: N.C. Residents 10 Years of Age and Older, 2008



- Poisoning (20%) was the second most common method of suicide among N.C. residents in 2008, second only to firearms (28%) (Figure 1).
- Intoxication at time of death is suspected in 24.7% of poison-related suicides in 2008.
- -There were 219 poisoning-related deaths among N.C. residents in 2008.

- The rate of poisoning-related suicides increased significantly from 2004 (2.49) to 2008 (2.69), and peaked in 2007 (2.86)
- Most injuries (85.7%) of injuries and deaths (65.3%) for poisonrelated suicides in 2008 among N.C residents occured in homes.

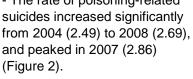




Figure 2: Poisoning-Related Suicide Rates by Year: N.C. Residents 10 Years of Age and Older, 2004-2008

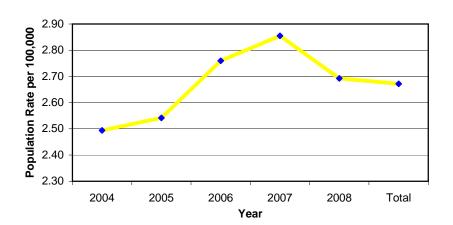


Table 1: N.C. Poisoning-related Suicide Demographics, 2008

- same granpanies, - see			
	Number	Percent	Rate
Sex			
Female	109	49.8%	2.59
Male	110	50.2%	2.75
Race			
American	3	1.4%	*
Asian	2	0.9%	*
Black	17	7.8%	0.96
White	196	89.9%	3.19
Age Group			
10-14	0	0.0%	*
15-24	12	5.5%	0.90
25-34	32	14.6%	2.60
35-44	51	23.3%	3.80
45-54	69	31.5%	5.20
55-64	40	18.3%	3.80
65-74	8	3.7%	1.30
75-84	4	1.8%	*
>84	3	1.4%	*

Note: Missing: 1 missing race

Rates are age-adjusted (except for age-specific rates)

- 56.5% of poison-related suicide victims had a diagnosis of depression or dysthymia, 29.7% had a current mental health problem, and 24.9 % had physical health problems (Figure 3).
- Almost one third of poison-related suicide victims in North Carolina. had a history of suicide attempts (Figure 3).
- 39.2% of poison-related suicide victims had a problem with alcohol or with other substances (Figure 3)

- Although the number of male (110) and female (109) poison-related suicides are almost equal, North Carolina males have a slightly higher rate (2.75) of poison-related suicide deaths than women (2.59) (Table1).
- -Whites have the highest rate of poison-related suicides (3.19) among N.C. residents (Table 1).
- Poison-related suicide rates increase with age, peaking between the age of 45-54 (5.20), and then decreasing (Table 1).

Figure 3: Selected Circumstances of Poison-related Suicides: N.C. residents 10 Years of Age and Older 2008

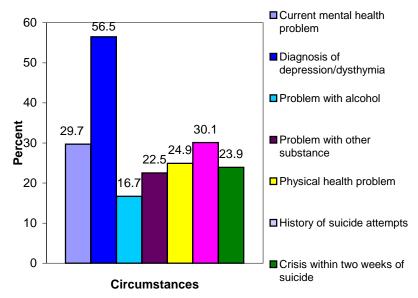
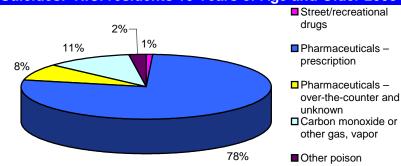


Figure 4: Type of Poison Involved in Poisoning-related Suicides: N.C. residents 10 Years of Age and Older 2008



- The type of poison most commonly involved in poison-related suicides is prescription pharmaceuticals (78%) (Figure 4).
- The 5 leading types of poisons involved in poison-related suicides are **oxycodone** (opioid or related narcotic used for pain management), **Diphenhydramine** (Antihistamine such as Benedryl), **Carbon Monoxide** (gas or fumes), **Methadone** (opioid or related narcotic used for pain management), and **Amitriptyline** (antidepressant used for management of depression and/or anxiety).

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5U17/CE423098-08 from the Centers for Disease Control and Prevention (CDC).



*Missing: 2 missing poison type



^{*}Indicates <5 deaths; rates are not reported